

**TOWNSQUARE MEDIA BROADCASTING, LLC AND ALL AFFILIATES
EMPLOYMENT APPLICATION**

The Company is an equal employment opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Name _____ SSN _____ Date _____

Address _____ City _____

State, Zip _____ Phone _____ Date Available _____

Position Desired (1) _____ (2) _____

___yes ___no Did you complete high school?
Name of School _____

___yes ___no Did you complete college?
Name of College/University _____
Degree _____ GPA _____

___yes ___no Do you have special licensing or certification?
What? _____

___yes ___no Is there any reason why you could not perform any of the job duties?
If yes, explain: _____

___yes ___no Could you work in a non-smoking environment?

___yes ___no Have you ever been disciplined or fired from a job?
If yes, explain: _____

___yes ___no Have you ever been employed by our company or predecessor? If so, please provide dates and position:

___yes ___no Are you subject to any type of agreement with a current or former employer or entity that would restrict your ability to work for our Company (e.g., non-compete, confidentiality, non-disclosure)?
If yes, please explain and provide a copy of such agreement:

___yes ___no Do you have a valid driver's license and state minimum required auto insurance?

___yes ___no Can you travel locally if required?

___yes ___no Can you work weekends and evenings?

___yes ___no Were/are you in the Armed Forces?

___yes ___no Are you willing to undergo a pre-employment physical exam / drug test?

___yes ___no Have you ever been convicted of a felony?
If yes, explain:

(a yes or no answer to any of the above questions does not necessarily disqualify applicant from employment)

Previous Work Experience

If available, please attach your resume or fill in information below.

Begin with your present or last work experience. Include any contract work and/or volunteer work experiences.

Former Employer

Company: _____ Employed from _____ to _____

Address: _____ City _____ State _____ Zip _____

Last position title: _____

Total Annual Compensation: _____ starting _____ ending _____

Reason for leaving: _____ Hours worked each week: _____

Immediate Supervisor: _____ Phone #: _____

Duties, responsibilities, and number you supervised: _____

My initials _____ indicate my willingness for you to talk with this prior employer.

Former Employer

Company: _____ Employed from _____ to _____

Address: _____ City _____ State _____ Zip _____

Last position title: _____

Total Annual Compensation: _____ starting _____ ending _____

Reason for leaving: _____ Hours worked each week: _____

Immediate Supervisor: _____ Phone #: _____

Duties, responsibilities, and number you supervised: _____

My initials _____ indicate my willingness for you to talk with this prior employer.

List any additional skills:

computer skills, software, second languages, etc.

APPLICANTS AGREEMENT

I understand and agree that:

- 1) If I misrepresent or deliberately leave out any fact in my application, I may be refused employment or, if employed, I may be terminated.
- 2) I understand that my employment is contingent upon a favorable background check. If the background check has not fully completed prior to my first day of employment, and it comes back unfavorable, I understand that I may be terminated.
- 3) The Company may verify all the information provided by me, including but not limited to my education and prior employment. I release from liability all persons or entities supplying or collecting such information.
- 4) If I am employed by the Company, my employment is not for any specific period of time and can be terminated at any time either with or without prior notice by either me or the Company.
- 5) If I am offered a job with the Company, I understand that I may be required to sign a non-disclosure and/or non-compete agreement as a condition of my employment.
- 6) I authorize any doctor, hospital or testing laboratory that conducts medical tests on me to release all information to the Company necessary for the Company to determine my ability to perform job duties now and in the future, subject to local, state and federal law.
- 7) Due to the nature of the Company's business I may be expected to work overtime, a rotating work schedule, or a work schedule that includes Saturdays, Sundays and/or holidays.
- 8) Proof of the legal right to work in the United States will be required upon hire.
- 9) If I am applying for a position where the need to use a company vehicle or use my own vehicle is required, I agree to provide you with my Driver's License number and I authorize the Company to obtain my motor vehicle/driving history . I also agree to submit my proof of auto insurance to the Company.
- 10) If I am employed by the Company, I understand that I may be required to sign an arbitration agreement as a condition of my employment.
- 11) This application is valid for 2 weeks from the date of completion.

I have read and agree to the above. I hereby certify that the facts I provided in this employment application are true and complete.

Signature _____ date _____





Applicant Data

Townsquare Media is an Equal Opportunity Employer. It is required to collect the following information. This data will assist us in meeting our reporting obligations as well as the goals of our Equal Employment Opportunity Program. Completing this form is not a condition of employment. You may elect not to complete all or part of this form without impairing your employment opportunities. This form will be maintained in a file separate from your resume and employment application. The information you provide on this form is collected for statistical purposes only. It will not be used by any person who evaluates your employment application and will not be used in any way to determine whether to offer you employment. This data will be kept confidential and will only be used in accordance with applicable state and federal laws and regulations.

Date _____ Townsquare location/branch: _____

Position applied for: _____

Male Female Referred by: _____

Race/Ethnicity Data: [Check (X) only one]

1. **White** (A person having origins in any of the original peoples of Europe, N. Africa or Middle East)
2. **Black** (A person having origins in any of the black racial groups of Africa.)
3. **Asian or Pacific Islander** (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.)
4. **American Indian or Alaskan Native** (A person having origins in any of the original peoples of North America, who maintains cultural identification through tribal affiliation or community recognition.)
5. **Hispanic** (A person of Mexican, Puerto Rican, Cuban, central or South American or other Spanish culture or origin, regardless of race.)

Are you a veteran? Yes No From _____ ^{Dates} To _____

Are you a Vietnam Era veteran? Yes No From _____ To _____

Are you a disabled veteran? Yes No From _____ To _____